FACULTY & STAFF AWARDS PROGRAM
SUPPORT STAFF SERVICE AWARD APPLICATION

NAME: ____________________________________________________________

DEPARTMENT/UNIT: ________________________________________________

DATE SUBMITTED: ________________________________________________

CAMPUS TELEPHONE NUMBER: ______________________________________

EMAIL ADDRESS: _________________________________________________
FACULTY & STAFF AWARDS PROGRAM
STUDENT RESEARCH AWARD APPLICATION

FACULTY SPONSOR: ________________________________

DATE SUBMITTED: ________________________________

CAMPUS TELEPHONE NUMBER: ______________________

EMAIL ADDRESS: __________________________________

STUDENT NAME: __________________________________

HOME TELEPHONE NUMBER: _________________________

HOME ADDRESS: __________________________________

CITY/STATE/ZIP: _________________________________

EMAIL ADDRESS: __________________________________
FACULTY & STAFF AWARDS PROGRAM
TEACHING AWARD APPLICATION

NAME: ____________________________________________________________

DEPARTMENT/UNIT: ____________________________________________

DATE SUBMITTED: _____________________________________________

CAMPUS TELEPHONE NUMBER: _________________________________

EMAIL ADDRESS: _____________________________________________
FACULTY & STAFF AWARDS PROGRAM
RESEARCH AWARD APPLICATION

NAME: _______________________________________________________

DEPARTMENT/UNIT: ___________________________________________

DATE SUBMITTED: ___________________________________________

CAMPUS TELEPHONE NUMBER: _______________________________

EMAIL ADDRESS: _______________________________________
FACULTY & STAFF AWARDS PROGRAM
SERVICE AWARD APPLICATION

NAME: _____________________________________________________________

DEPARTMENT/UNIT: ________________________________________________

DATE SUBMITTED: _________________________________________________

CAMPUS TELEPHONE NUMBER: ________________________________

EMAIL ADDRESS: _________________________________________________
FACULTY & STAFF AWARDS PROGRAM
FACULTY DEVELOPMENT GRANT APPLICATION

FACULTY SPONSOR: ____________________________________________

DATE SUBMITTED: ____________________________________________

CAMPUS TELEPHONE NUMBER: ________________________________

EMAIL ADDRESS: ____________________________________________

PROJECT NAME: ____________________________________________

BRIEF PROJECT DESCRIPTION WITH ESTIMATED BUDGET: